

LGBTQ and Cancer

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All of Me Iowa
Sexual Health and
Oncology Conference
April 4, 2018

Disclosures

- No financial disclosures
- My perspective is that of a family physician who happens to be gay
- Any discussion of medications for transgender use is all off label and NOT FDA approved

Objectives:

- Understand how previous treatment of LGBTQ patients prevents full access to equal medical care
- Address the healthcare disparities which may result in higher rates of some cancers in the LGBTQ population
- Learn how to identify LGBTQ patients and include, not exclude them from the medical system

“So what’s the big difference?”

- Why should I care, I treat all people the same....
- I never discriminate...
- What difference does it make who they sleep with...
- So what if they identify as Trans?

Past History Makes a Difference

- 60+ year old gay male: medical treatment for illness
- 35 year old transwoman seeking breast augmentation

Barriers

- Invisibility (paperwork, pre-transition, post-transition)
 - Heterosexism
 - Phobias
 - Cis-genderism
- } **Discrimination**
- Fear of rejection or poor treatment, +/- based on experience
 - Fear for job, family, safety, life
 - Insurance access/use/exclusion + financial

Affordable Care Act

- LGBT+ healthcare before ACA
 - Access to insurance lacking
 - Coverage exclusions(trans, partner, children, pre-existing conditions)
- LGBT+ during
 - Access for all
 - Working toward full trans coverage
 - No denials based on preexisting conditions
- LGBT+ now, and future.....?????

The New York Times

Trump Rescinds Rules on Bathrooms for Transgender Students

By JEREMY W. PETERS, JO BECKER and JULIE HIRSCHFELD DAVIS FEB. 22, 2017

Sessions says civil rights law doesn't protect transgender workers



By [Laura Jarrett](#), CNN

Updated 11:58 AM ET, Thu October 5, 2017

STORY HIGHLIGHTS

"This is a conclusion of law, not policy," Sessions said

Title VII prohibits employment discrimination based on race, color, religion, sex and national origin

Washington (CNN) — Attorney General Jeff Sessions has formally determined that a 1964 federal civil rights law does not protect transgender workers from employment discrimination, upending previous guidance issued under the Obama administration.

In a memo to all federal prosecutors and obtained by CNN, Sessions states that "Title VII's prohibition on sex

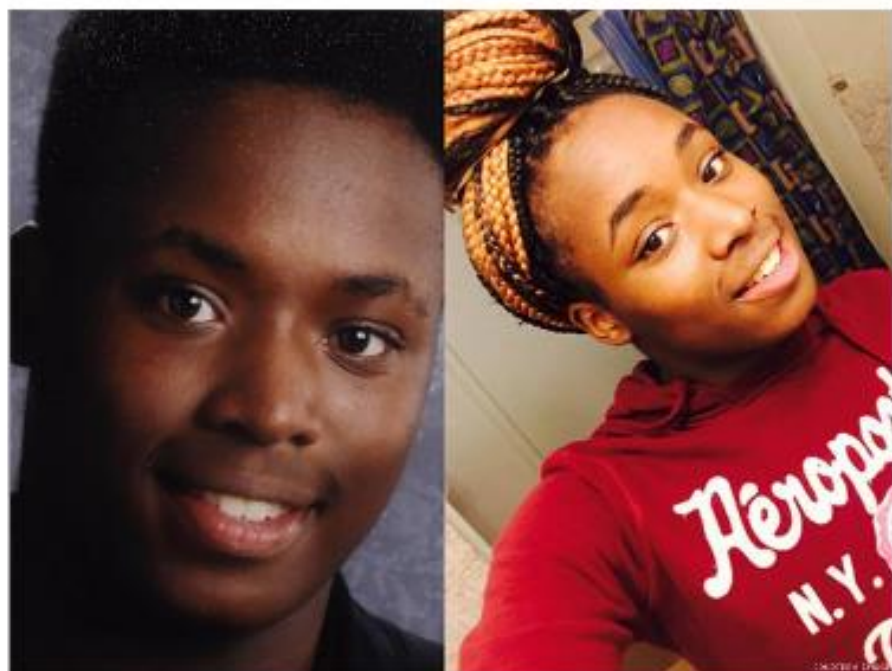
discrimination encompasses discrimination between men and women but does not encompass discrimination based on gender identity *per se*, including transgender status."

"This is a conclusion of law, not policy," Sessions said, adding that the department will take this new position in all "pending and future matters."

Title VII prohibits employment discrimination based on race, color, religion, sex and national origin.

TRANSGENDER ▶

Iowa Community Mourns Death of Gender-Fluid Teen



Family and friends of Kedarie/Kandicee Johnson are reeling after the gender-fluid teenager's tragic shooting.

BY CLEIS ABENI
MARCH 16 2018 8:48 PM EDT



Katrina Johnson moved her family from Chicago to Burlington, Iowa, to escape rising violence in the big city, reports the *Des Moines Register*. She settled in the small city of around 50,000 residents in a culturally diverse, low-income neighborhood called South Hills. Her family thrived. Then the unthinkable happened.

News about Transgender Teen Killed In Iowa

bing.com/news



Justice Dept. to help in Iowa case of slain transgender teen

ABC News · 1 day ago

The Justice Department has sent a federal hate crimes lawyer to Iowa to help prosecute a man charged with ... civil rights division to review some other cases in which transgender people were killed. Lawmakers in March urg...



Feds to help prosecute murder case of gender-fluid teen killed in Iowa

USA Today · 2 days ago



Feds to assist investigation in death of transgender teen

kcci.com · 1 day ago



Jeff Sessions sends Justice Department lawyer to Iowa to prosecute murder of transge...

FOX News · 1 day ago



ABOUT  ISSUES LEGAL LEGISLATIVE NEWS & UPDATES EVENTS

ACLU OF IOWA FILES STATES' FIRST TRANSGENDER RIGHTS LAWSUIT

August 28, 2017



The ACLU of Iowa has filed a lawsuit for a male Iowa prison nurse whose state employer, the Iowa Department of Corrections, denied him use of the men's restrooms and locker rooms. It also denied him health care coverage—solely because he is transgender—for surgery he needed.

It is believed to be the first transgender rights case to be filed in the Iowa courts since 2007, when Iowa put gender identity protections into the law.

Jesse Vroegh, who worked as a nurse at the Iowa Department of Corrections (DOC) for seven years, was denied use of the men's restrooms and locker



RADIO IOWA



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YOU ARE HERE: [HOME](#) / [CRIME & COURTS](#) / ACLU OF IOWA TO SUE OVER DENIAL OF MEDICAID COVERAGE FOR TRANSGENDER CARE

ACLU of Iowa to sue over denial of Medicaid coverage for transgender care

SEPTEMBER 22, 2017 BY [RADIO IOWA CONTRIBUTOR](#)

The ACLU of Iowa will go to court to try to lift the state's ban on Medicaid coverage for transgender surgical care. Joe Freund is a family practice doctor in Des Moines who treats transgender patients.

"I'm passionate about this," Freund said, "because I've lost patients to suicide because of the inability to get this care that they have needed."



Rita Bettis (file photo)



Trump bars most transgender troops against serving in the military,...

10 hours ago



Trump order would ban most transgender troops from serving



Trump signs n... transgender m...



Iowa transgender teen barred from 'Boys State' program

2 days ago



Transgender teen not allowed to join Iowa American Legion program ...

1 day ago



Trump moves to ban most transgender troops

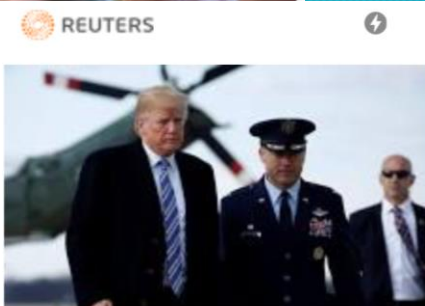
10 hours ago



Trump's New Transgender Military Ban



Trump issues a formal ban on transgender people serving in the military



Trump moves to limit transgender individuals from military service

11 hours ago



Trump Approves New Limits on Transgender Troops in the Military

2 hours ago



Iowa transgender teen denied attendance to American Legion's Boys...

21 hours ago



Iowa transgender teen barred from 'Boys State' program

2 days ago

Lesbian and bisexual resources are dropped from HHS website

The Department of Health and Human Service's Office of Women's Health quietly removed a webpage dedicated to resources for lesbian and bisexual women.

by John Paul Brammer / Mar.23.2018 / 10:03 AM ET

The Department of Health and Human Services quietly removed lesbian and bisexual content from its women's health website last



To search, type and hit enter.

ABOUT PROJECTS BLOG POLICY PRESS TCAMP CONTACT

Federal women's health office obscures lesbian and bisexual fact sheet online

by Rachel Bergman | MAR 21, 2018 10:45 AM

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Lesbian and bisexual women's health info is scrubbed entirely from the Health and Human Services website

I'm looking for...



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Conscience Protections

OCR enforces laws and regulations that protect conscience and prohibit coercion on issues such as abortion and assisted suicide (among others) in HHS-funded or conducted programs and activities.



Religious Freedom

OCR enforces laws and regulations that protect the free exercise of religion and prohibit discrimination in HHS-funded or conducted programs and activities.



Filing a Complaint

You may file a conscience or religious freedom complaint with OCR if you feel a health care provider or government agency coerced or discriminated against you (or someone else) unlawfully.



Newsroom

Read the latest news releases and bulletins.



Civil Rights

HHS ensures that people have equal access and opportunities to participate in certain health care and human services programs without unlawful discrimination.

HIPAA - Health Information Privacy

Find guidance and more information about the HIPAA Privacy Rule, including what information is protected and how health information is used and disclosed.

HHS Announces New Conscience and Religious Freedom Division

Today, the U.S. Department of Health and Human Services (HHS) is pleased to announce the formation of a new Conscience and Religious Freedom Division in the HHS Office for Civil Rights

Alphabet of LGBTQAI+...

- Lesbian
- Gay
- Bisexual
- Transgender
- Queer
- Questioning

- Agender
- Asexual
- Ally
- Intersex

- +....and others....



LGBTQ Definitions

- A diverse and varied collection of people and groups, often bound together only by shared stigma, prejudice and discrimination.



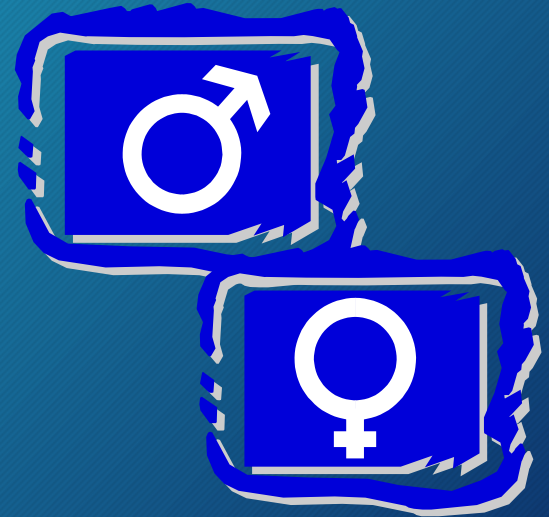
- As family, job, and personal safety could be at risk, individuals may be out or open to various degrees in different parts of their lives.

Sex

male intersex/DSS female

The pattern of biological sexual characteristics:

- Chromosomes
 - External /internal genitalia
 - Gonads and hormones
 - Secondary sexual characteristics
-
- All embryos female: males androgenized 6th-12th wks
 - Brain also undergoes hormonal changes



Disorder/Difference of Sexual Development (Intersex)

- Anatomical or physiological aspects of the opposite sex, variations from “*the norm*”

Multiple causes, syndromes

- Congenital virilizing adrenal hyperplasia
- Androgen insensitivity syndrome
- Turner’s syndrome (XO)
- Klinefelter’s syndrome (XXY)
- 5 alpha-reductase deficiency
- Pseudohermaphroditism

Gender

- Culturally dictated expectations, actions, behaviors which are dictated by the genitals
- Culture specific
- Changes over time

Gender/Sex Assignment

- The initial assignment at birth as male or female
- Gender assigned at birth
- Birth assigned female vs birth assigned male

Gender Identity

- Inner sense of place on the masculine-feminine spectrum
- Set early in life, by age 2-3 years old
- Formed by biology and external cues from family, those around the child, society.
- Most commonly, this is consistent with sex assigned at birth, but not always.

Cisgender

- Individuals whose body and gender identity are in alignment.

Transgender

- DSM- “broad spectrum of individuals who identify with a gender different from their natal gender”

Transsexual

- “An individual who seeks, or has undergone, a social transition from male to female or female to male, which in many, but not all cases, also involves a somatic transition by cross-sex hormone treatment and genital surgery.”

Transition

The period during which an individual is moving from the assigned sex at birth to their gender identity:

- male to female (MTF) transfeminine
- female to male (FTM) transmasculine
- masculine toward feminine
- feminine toward masculine

Sex Reassignment Surgery, Gender Affirmation or confirmation Surgery

- Surgical procedures to change the body from the natal, to be consistent with the gender identity

Not Just the Binary...

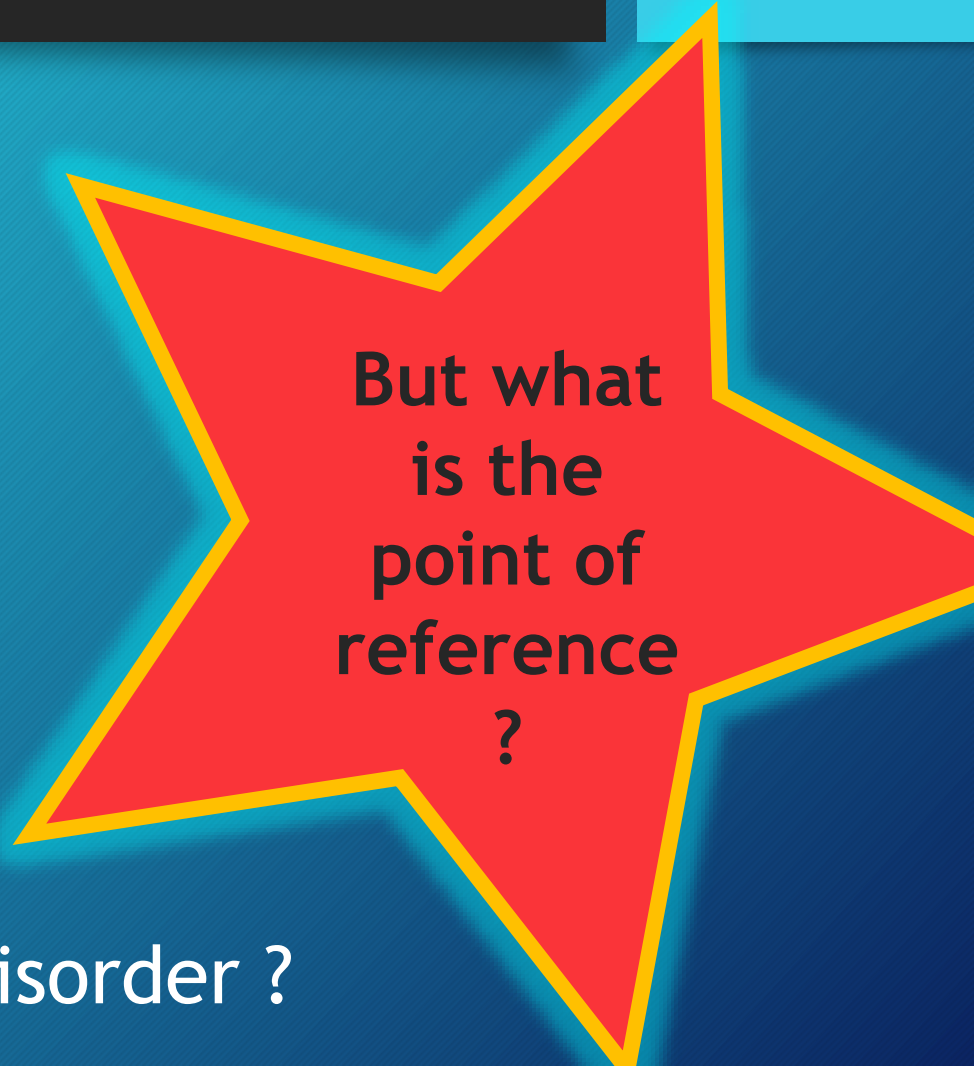
- GenderQueer
- Nonbinary
- Bigendered
- Androgyne
- Agender



Sexual Orientation

Describes object of sexual impulses/attractions:

- Heterosexual...opposite sex
- ~~Homosexual~~...same sex
- Bisexual...both sexes
- Asexual: positive identity *or* desire disorder ?



But what
is the
point of
reference
?

Definitions

- Gay = may be used for men attracted to men, or generically to include lesbians as well
- Lesbian = women who are attracted to women
- Queer = a term reclaimed by some, especially the young, to encompass the entire GLBTQ community. Considered an insult by some. May be a gender identity term.



Remember-

Gender Identity
and
Sexual Orientation
are entirely separate and different-

KNOWING ONE SAYS NOTHING
ABOUT THE OTHER!

Sexual Behavior

- Sexual expression, activity or actions
- May be different than / not consistent with the stated or perceived sexual orientation

- MSM = Men who have Sex with Men
- WSW = Women who have Sex with Women



Deserves the same care,
no matter
which pronoun is used.



Transgender, gay, lesbian, and bisexual people deserve the same care as everyone else. Thousands of healthcare providers in Massachusetts agree. They're working to eliminate barriers to healthcare access, so everyone can be treated well. And *stay* well.

The Gay, Lesbian, Bisexual and Transgender Health Access Project
MASSACHUSETTS DEPARTMENT *of* PUBLIC HEALTH
www.glbthealth.org

Welcoming and Identifying

70 year old transwoman: teacher,
grandparent... unable to be out...
will she be out in the hospital?

Challenges in the Medical Setting

- ALL staff must be trained and confident
- Identifying trans patients correctly
- Non-gendered bathroom facilities
- Preferred names and pronouns
- Testing and care linked to gender markers (EHR)
- Safe referral and testing locations



Master Registration [Demographics]

File Search Admissions Family Financial Options Administration Tasks Community Navigate Help

TEST T. TEST Pat. #: 71 Patient Accounts Allergies Consent Given Bosnian Age: 19 DOB: 01/01/1999 Asian Male Other XYZ(Expired)

Demographics Additional Contact Information Meds/Allergies Birth Billing AKA Exhibits User-Defined

Registration Date: 08/01/2006 Form Type: BCC SPEED FORM

Date of Birth: 01/01/1999 Age: 19

SSN: 111-11-1111

Name(F,M,L,Suffix): TEST TEST TEST

Alias: TEST T Long Term Care: []

Mailing Address: []

City, State, Zip: DES MOINES IA 50314

Home, Work, Cell #: (515) 286-3798 [] []

Home Email: [] Texting: []

Work Name, Email: []

Sex, Gender: M

Note: []

Race: Asian

Ethnicity: Hispanic

Prim. Language: Bosnian

School: []

Education: 1 Year College or more

Census Tract: []

County: []

Emp. Status: []

Occupation: []

Last Verified: 08/29/2012

Next Appointment: []

Enc. Date: 02/20/2018

Tracking?: D

Update Date: 02/16/2018

By: BMURPHY

Cancel

76497

Master Registration [Demographics]

File Search Admissions Family Financial Options Administration Tasks Community Navigate Help

Addr Name **TEST T. TEST** Pat. #: 76497 Patient Accounts Allergies Consent Given Asian Male Other XYZ(Expired) Bosnian Age:19 DOB:01/01/1999

Demographics Additional Contact Information Meds/Allergies Birth Billing AKA Exhibits User-Defined

Registration Date 08/01/2006 Form Type BCC SPEED FORM

Date of Birth 01/01/1999 Age: 19

SSN 111-11-1111

Name(F,M,L,Suffix) TEST TEST TEST

Alias TEST T Long Term Care

Mailing Address

City, State, Zip DES MOINES IA 50314

Home,Work,Cell # (515) 286-3798

Home Email

Work Name, Email

Sex, Gender M Marital Status MARRIED

Note

Cancel Save Close Edit This Patient Create New Patient

76497 02/20/2018 10:34 am 8.0.1.9 RegForm Alert Level

OR

STD [RA] - F

File Financial Options Administration Visits Help

Addr Name **MINNIE MOUSE** Pat. #: 213066 Has Allergies Caucasian Female Medicaid 999999999A(Expired) Swahili Age:28 DOB:08/27/1989

CoSht Clinic: Updated Date: 07/11/2017 Visit Date: 06/16/2017

Enc. Symp Problems Meds Hx RA HIV PE EMR Notes Stat Lab Dx Tx Follow Up Bil

Last Sexual Enc. LSE Other Condom LSE Condom Freq. Pregnant Now EDC Last Delay or Term Last Period Last PAP OB History Douche 30 days? Contraceptive Notes

Sexual Pref. Sexual Identity Other Gender Identity Female

Sexual Practice Genital Oral Rectal

Partner Pregnant last 12 months Lactating?

Sex with Alcohol Use (past Mo) Sex for \$ / Drugs (past Mo) Sex for \$ / Drugs (ever) Positive Partner Partner is HIV+ (ever) New Partner (90 days) Multiple Partners (90 days) Males sex with Male IV Drug Use (past Mo) IV Drug Use (ever) Cocaine Use (past Mo) Cocaine Use (ever)

Partner(s) Risk Factor(s) Sex with Alcohol Use (past Mo) Sex for \$ / Drugs (past Mo) Sex for \$ / Drugs (ever) Positive Partner Partner is HIV+ (ever) New Partner (90 days) Multiple Partners (90 days) Males sex with Male IV Drug Use (past Mo) IV Drug Use (ever) Cocaine Use (past Mo) Cocaine Use (ever)

Cancel

213066

STD [RA] - M

File Financial Options Administration Visits Help

Addr Name **TEST T. TEST** Pat. #: 76497 Has Allergies Consent Given Asian Male Other XYZ(Expired) Bosnian Age:19 DOB:01/01/1999

CoSht Clinic: Updated Date: 01/31/2018 Visit Date: 01/31/2018

Enc. Symp Problems Meds Hx RA HIV PE EMR Notes Stat Lab Dx Tx Follow Up Bil

Last Sexual Enc. LSE Other Condom LSE Condom Freq. Partner Pregnant Notes

Sexual Pref. Sexual Identity Other Gender Identity Male

Sexual Practice Genital Oral Rectal

Partner Pregnant Domestic Violence? Transfusion?

Sex with Alcohol Use (past Mo) Sex for \$ / Drugs (past Mo) Sex for \$ / Drugs (ever) Positive Partner Partner is HIV+ (ever) New Partner (90 days) Multiple Partners (90 days) Males sex with Male IV Drug Use (past Mo) IV Drug Use (ever) Cocaine Use (past Mo) Cocaine Use (ever)

Partner(s) Risk Factor(s) Sex with Alcohol Use (past Mo) Sex for \$ / Drugs (past Mo) Sex for \$ / Drugs (ever) Positive Partner Partner is HIV+ (ever) New Partner (90 days) Multiple Partners (90 days) Males sex with Male IV Drug Use (past Mo) IV Drug Use (ever) Cocaine Use (past Mo) Cocaine Use (ever)

Cancel

76497 SQ

STD [RA] - M

File Financial Options Administration Visits Help

Addr Name TEST T. TEST Pat. #: 76497 Has Allergies Consent Given

Bosnian Age: 19 Asian Male Other XYZ(E

CoSite: Clinic: Updated Date: 01/11/2018 Vis

| Enc. | Sympt | Problems | Meds | Hx | RA | HIV | PE | EMR Notes | Stat | Lab | Dx | Tx | Follow Up | Bl |
|---|-------|----------|------|----|----|-----|----|-----------|------|-----|----|----|-----------|----|
| Last Sexual Enc. <input type="text"/> | | | | | | | | | | | | | | |
| LSE Other <input type="text"/> | | | | | | | | | | | | | | |
| Condom LSE <input type="checkbox"/> Condom? | | | | | | | | | | | | | | |
| Condom Freq. <input type="text"/> | | | | | | | | | | | | | | |
| Partner Pregnant. <input type="text"/> | | | | | | | | | | | | | | |
| <input type="checkbox"/> Domestic Violence? | | | | | | | | | | | | | | |
| <input type="checkbox"/> Transfusion? | | | | | | | | | | | | | | |
| Notes | | | | | | | | | | | | | | |

Sexual Pref.

Sexual Identity

Other

Gender Identity Male

? Sexual Practice

☐ Genital

☐ Oral

☐ Rectal

? Patient Risk Factor(s)

☐ Sex with Alcohol Use (past Mo)

☐ Sex for \$ / Drugs (past Mo)

☐ Sex for \$ / Drugs (ever)

☐ Positive Partner

☐ Partner is HIV+ (ever)

☐ New Partner (90 days)

☐ Multiple Partners (90 days)

☐ Males sex with Male

☐ IV Drug Use (past Mo)

☐ IV Drug Use (ever)

☐ Cocaine Use (past Mo)

☐ Cocaine Use (ever)

? Partner(s) Risk Factor(s)

☐ Sex with Alcohol Use (past Mo)

☐ Sex for \$ / Drugs (past Mo)

☐ Sex for \$ / Drugs (ever)

☐ Positive Partner

☐ Partner is HIV+ (ever)

☐ New Partner (90 days)

☐ Multiple Partners (90 days)

☐ Males sex with Male

☐ IV Drug Use (past Mo)

☐ IV Drug Use (ever)

☐ Cocaine Use (past Mo)

☐ Cocaine Use (ever)

Cancel Save Close

76497 02/20/2018 10:37 am 8.0.1.9 STDForm Alert Level G

* - Pending *

E - Either E

O - Opposite O

S - Same S

* - Pending *

Bisexual B

Gay G

Straight S

/ Sexual Practice

Female F

Male M

SOCIAL HISTORY

I identify as: heterosexual, gay, lesbian, bi-sexual, pansexual, polyamorous, straight, asexual, queer, other_____

My birth sex: male, female, intersex, other_____

My legal sex: male female other_____

I identify as: male female trans other_____

My preferred pronouns: he, she, they, other_____

Single, Dating, Married, Long-Term Relationship(s), Widow/er, Divorced, Separated, other_____

Spouse's Name:

Spouse's Occupation:

Ages of Children:

of People in Household:

Your Occupation:

Place Employed:

Max: 1000 characters.

Gender: ☒ Male ☐ Female

Birth Sex:

Sexual Orientation: Do you think of yourself as:

Gender Identity: What is your current gender identity?

| | | |
|--|--|---|
| <input checked="" type="checkbox"/> Identifies as Male | <input type="checkbox"/> Male-to-Female (MTF)/Transgender Female/Trans Woman | <input type="checkbox"/> Additional gender category or other, please specify. |
| <input type="checkbox"/> Identifies as Female | <input type="checkbox"/> Genderqueer, neither exclusively male nor female. | |
| <input type="checkbox"/> Female-to-Male (FTM)/Transgender Male/Trans Man | | <input type="checkbox"/> Choose not to disclose |

Race:

Ethnicity:

Additional Ethnicities:

Marital Status:

Tobacco Use: ☐ User ☒ Non User ☐ Unable to Collect

Type of Non User:

Identification

ASK sex/gender marker

- Birth
- Legal
- Insurance
- Current gender identity

Two stage:

- What was sex assigned at birth
- What is your current gender identity?

Addressing the Transgender Patient

- Honor choice of name & pronoun: *use them*

{he/him/his}

{she/her/hers}

{ze/hir/zir}

{they/them/theirs}

- Use pronouns consistent with presentation or as requested
- If you are confused or unsure, simply ask
- Mistakes happen; just apologize & move on

Presentation

- For each person be prepared for:
 - >a male presentation
 - >a female presentation
 - >a gender neutral presentation
 - >their own unique presentation
 - >changing presentations
- Respect the person
- Respond to the person



A Welcoming Medical Setting:

- may display a nondiscrimination policy or a recognizable LGBTQ sign such as a rainbow, pink triangle
- has LGBTQ publications and visuals apparent
- paperwork includes options for LGBTQ patients such as:
 - married/partnered,
 - options for sex, gender, gender identity
 - options for names and pronouns



DIVERSITY AND
MULTICULTURAL AFFAIRS

Cultural Competency/Diversity
Health Series

Health P.A.S.S.

Resources and links

Safe Zone

Scholarship opportunities

Student clubs and student life

Volunteer opportunities

Safe Zone

The Safe Zone program offered to all students and employees and is designed to support and complement the University mission of developing compassionate health care professionals by promoting education, awareness, acceptance, and confidential support of gender expression and sexual orientation.



Through the Safe Zone program we can create a supportive community for individuals of all sexual orientations and gender expressions by:

- Providing a welcoming environment for lesbian, gay, bisexual or transgender persons by establishing an identifiable network of students, faculty, staff and community members.

Through the Safe Zone program we can create a supportive community for individuals and allies within our campus

Safe Zone Training



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Download our Ready-to-Rock **2-Hour Curriculum**

Safe Zone Designation Program

All people deserve safe, welcoming and inclusive environments – a **Safe Zone**.

One Iowa's Safe Zone Designation program prepares workplaces, campuses, and communities to create and signify safe, welcoming and inclusive environments for lesbian, gay, bisexual, transgender, queer/questioning (LGBTQ) individuals.

Safe Zone training is a six-hour intensive, interactive workshop. Training staff will be available to answer participants' questions as they arise in the 24 months following the program. Space in training sessions is limited.

Participants in Safe Zone training will learn:

- how gender identity, gender expression, and sexual orientation contribute to our identities
- to identify and combat myths and stereotypes about LGBTQ people
- how to create a safe and inclusive space
- the legal and policy issues around LGBTQ equality
- actions they can take to support equality and inclusion



How do I sign up for Safe Zone training?

Safe Zone training is available to individuals and groups on-site at your business, agency, campus, or school.

To schedule an on-site training for your group [contact us](#).

THE SAFE ZONE PROJECT IS A FREE ONLINE RESOURCE FOR CREATING POWERFUL, EFFECTIVE LGBTQ AWARENESS AND ALLY TRAINING WORKSHOPS



Click here to download our 100% Free, 2-Hour, Ready-to-Rock Safe Zone Workshop Curriculum.



OUR GOAL

Our goal is simple: we want to make your Safe Zone workshops (and all your LGBTQ educational opportunities) more effective, more fun, more dynamic, and more



HELP YOU

We're here to take a little off your plate by providing you with a curriculum, a **suite of educational activities** to pick and choose from, and time to help you and your team



DO BETTER

Safe Zone Workshops are unique educational opportunities, and we are all about making the most of those opportunities. Sometimes you only get one chance. Let us help you

A Welcoming Medical Setting:

- uses accepting, open and gender neutral language
- does not assume sexual orientation or gender
- knows that not all patients identify with a label or group
eg- Latino and African-American men, youth
- uses nonjudgmental behavior-based sexual history taking techniques, such as- “Are you sexually active with men, women or both?”



A Welcoming Medical Setting:

- asks the patient how they identify: their pronouns and name and how to be addressed
- avoids stereotypes
- assures CONFIDENTIALITY



George to Georgia

SEATTLE — Lesbian and bisexual older women are more likely than straight older women to suffer chronic health conditions, experience sleep problems and drink excessively, a new University of Washington [study](#) finds.

The study is the first to use national, population-based data to evaluate differences in health outcomes and behaviors among lesbian, gay and bisexual older adults. Using two-year survey data of 33,000 heterosexual and LGB adults ages 50 and older from a probability-based study of the U.S. Centers for Disease Control and Prevention, researchers from the UW School of Social Work report noticeable health disparities between LGB and heterosexual adults.

September 1, 2017 at 7:00 am EDT | by Staff reports

Lesbian, bi women report chronic health conditions

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The [findings](#) were published in the August issue of the [American Journal of Public Health](#).

Among the UW study's findings:

- Disability and mental distress are significantly more prevalent among lesbians or gay men than among their bisexual counterparts.

- Strokes, heart attacks, asthma, arthritis and lower back or neck pain affected

significantly greater percentages of lesbian and bisexual women than heterosexual women. For example, 53 percent of lesbians and bisexual women experienced lower back or neck pain, versus not quite 40 percent of heterosexuals.

- Nearly 7 percent of gay and bisexual men, compared to 4.8 percent of heterosexual men, suffered chest pain related to heart disease.

- More LGB people reported weakened immune systems: about 17 percent of women, and 15 percent of men, compared to 10 percent of heterosexual women, and 5 percent of heterosexual men.

- Lesbian and bisexual women were up to two times as likely to engage in adverse health behaviors such as excessive drinking.

- More than three-fourths of gay and bisexual men, and almost half of lesbians and bisexual women, had received an HIV test. In contrast, roughly one-fourth of heterosexuals had obtained a test.

- Slightly more lesbian and bisexual women had health insurance than heterosexual women, a possible reflection of professional choices, financial independence or same-sex partner benefits.

Basic Healthcare Concerns for the LGBTQ+

- **Cancers** (cervix, colon, lung, breast, anal)
 - Risks for LGBTQ female bodies/organs:
 - More alcohol, smoking, obesity
 - Later/fewer pregnancies
 - Less breast feeding
 - Less contraceptive use
 - Less screening/access to healthcare
 - Poor treatment by healthcare
 - Risks for LGBTQ male bodies/organs:
 - Higher rates anal HPV
 - More smoking
 - Higher rates HIV
- **Intimate Partner Violence**
- **STD/STI & HIV**

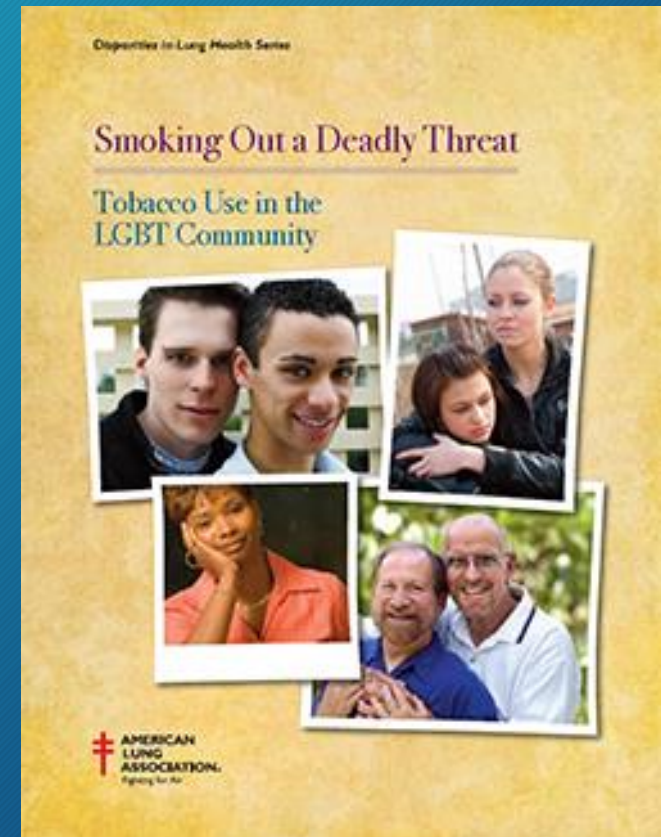
- **Mental Health**
 - Anxiety and panic
 - Depression
 - Suicide
- **Substance use**
 - Tobacco
 - Alcohol
 - Inhalants
 - Cocaine
 - Marijuana
 - Meth
- **Obesity**

All dependent on
access to:
affordable
usable,
Inclusive
nondiscriminatory
healthcare

Smoking

Smoking rates much higher than the rest of the population:

- **MSM** - 42% (vs 28%)
- **WSW** - 37% (vs 14%)
 - *use increases with age
 - *especially high for teen lesbians-up to 59%



Special LGBTQ considerations

- Must decide if it is safe to come out to their providers due to concern over their treatment being negatively impacted or outright rejection and refusal of treatment
- Some are not out to family
- Who is family? Many create their own families, may not have children or families that acknowledge them
- Some services may not be designed for transgender people or same sex partners.

Special LGBTQ Considerations

- Lesbian and bisexual women may have different viewpoints on breast reconstruction after a breast cancer surgery
- Bisexual women ages 50-79, highest rates of any type of cancer compared with other women, most at risk for breast cancer AND the least likely to have had a mammogram or PAP smear
- 2011 study showed lesbian and bisexual women less likely to get PAP tests

One in nine American men has oral HPV, study finds

By Susan Scutti, CNN

🕒 Updated 5:35 PM ET, Mon October 16, 2017

(CNN) — About one in nine American men is infected with the oral form of human papillomavirus (HPV), according to a [new study](#) published in the journal *Annals of Internal Medicine*. Nationwide, rates for oral HPV infections are 11.5% of men and 3.2% of women: 11 million men, compared with 3.2 million women, the researchers estimated.

A warning to men

Annually, an average of 38,793 cases of HPV-related cancer -- 59% of them in women and 41% in men -- were diagnosed in the United States between 2008 and 2012.

Yet, in each year within that time span, a type of head and neck cancer called oropharyngeal squamous cell carcinoma was far more likely to strike men: 12,638 cases diagnosed in men each year, compared with just 3,100 cases in women.

It is the most common of all the HPV-related cancers, and its incidence among men (7.8 per 100,000) now surpasses incidence rates of cervical cancer among women (7.4 per 100,000). Cervical cancer is known to be caused by HPV.

An [HPV vaccine](#) is available for both men and women and can protect against infection, yet many men are over the eligibility age of 26, and younger men have low vaccination rates. The CDC recommends the vaccination for adolescents.

Special LGBTQ Considerations

- MSM, HPV, Anal cancer, and HIV
- HIV infection associated with 199x more Kaposi's sarcoma, 15x non-Hodgkin's lymphoma, 55x anal cancer, 19x Hodgkin's disease, 1.8x melanoma, 1.8x liver cancer (lower risk of prostate cancer)
- Gay men treated for prostate cancer reported more negative effects after treatment, especially concerning sexual functioning. Anal sex and the required stronger erection may not be discussed.



Elevated Risk for Cancer

- Lung cancer due to 32.8% smoking rate (68% higher smoking)
- Anal cancer: 30x risk if HIV+, 3.4x if HIV-, vs all U.S. men
- Breast cancer: fewer pregnancies, less breast feeding, less oral contraceptive use, higher BMI, and more alcohol and tobacco use
- Skin cancer: higher in MSM: ? Tanning, body image?



"Cancer in the LGBT Communities", LGBT HEALTHLINK

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LIVING

Lesbians Often Told They Don't Need Pap Smears: LGBT Groups

03/14/2017 11:39 EDT | Updated 03/14/2017 11:39 EDT

cancer

Screening for colorectal cancer

Cancer prevention

Many lesbians are being told they don't need to get pap tests.

Because of this, [half of all lesbian and bisexual women have never had the cervical screening test](#), according to The National LGBT Partnership in the U.K.

Groups also say these women have a tough time accessing healthcare, and when they do, they usually have poor experiences with healthcare professionals.

According to one survey of lesbians, bisexuals and women who have had sex with women, 35 per cent said health experts assumed they were straight.



itive of the Screening Saves Lives program. T rates for colon, breast, and cervical cancers by (lunteers) who are trained "natural helpers".

"Now I know that I will help someone with cancer even after I'm gone. It's a footprint I want to leave behind me."



If you've ever been sexually active (in any way) and have a cervix, you need regular Paps. Check out our website for more information and tips on how to make getting a Pap easier.



checkitoutguys.ca

Cancer Prevention/Reduction

- Less likely to access care and use preventative services
- Lesbians have $< 1/3$ the HPV vaccination rate than other women
- MSM are no more likely than heterosexual men to be vaccinated for HPV, even with greater burden of disease
- 28% of transgender people delay care due to discrimination concerns
- Fewer LGBT use a QUITLINE to try to stop smoking

“Cancer in the LGBT Communities”, LGBT HEALTHLINK

Cancer Screening

- Many providers uncomfortable or uninformed on screening transgender men with PAP smears
- Transmen are 11x more likely to have an abnormal PAP smear
- Anal PAP testing is often not available, offered, understood and evidence-based recommendations are lacking
- Bisexual and transgender women less likely to have mammograms
- Being out to the provider increased rates of PAP smears 50%

“Cancer in the LGBT Communities”, LGBT HEALTHLINK

LGB Cancer Survivors

- 60% were less likely to report good health
- Twice as likely to smoke



“Cancer in the LGBT Communities”, LGBT HEALTHLINK

Summary

- Review systems for LGBTQ inclusion
- Train all staff
- Ask everyone their sexual orientation, gender identity and their pronouns and desired name
- Include family as defined by the patient
- Body image, treatment outcomes and the importance of sexual activity/function may be different for LGBTQ patients



Resources

LGBT Health
Volume 3, Number 1, 2016
Mary Ann Liebert, Inc.
DOI: 10.1089/lgbt.2015.0118

WHITE PAPER

The National LGBT Cancer Action Plan: A White Paper of the 2014 National Summit on Cancer in the LGBT Communities

Jack E. Burkhalter, PhD,^{1,*} Liz Margolies, LCSW,^{2,*} Hrafn Oli Sigurdsson, PhD, NP, PMHNP-BC,³
Jonathan Walland, LLB,⁴ Asa Radix, MD, MPH,⁵ David Rice, RN, PhD,⁶ Francisco O. Buchting, PhD,⁷
Nelson F. Sanchez, MD,⁸ Michael G. Bare, MPH,⁹ Ulrike Boehmer, PhD,¹⁰ Sean Cahill, PhD,¹¹
Tomas L. Griebeling, MD, MPH,¹² Diane Bruessow, PA-C, DFAAPA,¹³ and Shail Maingi, MD¹⁴

Resources

CA: A Cancer Journal for Clinicians



Review Article |  [Free Access](#)

Cancer and lesbian, gay, bisexual, transgender/transsexual, and queer/questioning (LGBTQ) populations

Gwendolyn P. Quinn PhD, Julian A. Sanchez MD, Steven K. Sutton PhD, Susan T. Vadaparampil PhD, MPH, Giang T. Nguyen MD, MPH, Lee Green PhD, Peter A. Kanetsky PhD, MPH, Matthew B. Schabath PhD

First published 17 July 2015 | <https://doi.org/10.3322/caac.21288> | Cited by 43

Resources

- National LGBT Health Education Center, @ www.lgbthealtheducation.org (@ Fenway)
- GLMA: Health Professionals Advancing LGBT Equality @ www.glma.org



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Latest Training Materials

Providing Trauma-Informed Care at Health

New Sexual Orientation and Gender

Glosario de términos LGBT para equipos

Behavioral Health Care for Lesbian, Gay,

Clinical Care for Transgender and Gender

Ready, Set, Go! Guidelines and Tips For

Delivering HIV Prevention and Care to

Addressing Opioid Use Disorders among

The National LGBT Health Education Center provides educational programs, resources, and consultation to health care organizations with the goal of optimizing quality, cost-effective health care for lesbian, gay, bisexual, and transgender (LGBT) people.

The Education Center is a part of [The Fenway Institute](#), the research, training, and health policy division of [Fenway Health](#), a Federally Qualified Health Center, and one of the world's largest LGBT-focused health centers.

News & LGBT Health Articles



Introduction to LGBT Health, Collecting Sexual Orientation and Gender Identity Data

March 3, 2016

Why doctors need to ask about sexual orientation and gender identity

This article, written in Slate by a medical resident in Washington, DC, discusses the importance of physicians

[/www.lgbthealtheducation.org/lgbt-education/](http://www.lgbthealtheducation.org/lgbt-education/)



Glossary of LGBT Terms for Health Care Teams

As a provider in a health center or other health care organization, becoming familiar with terms used by lesbian, gay, bisexual, transgender (LGBT) communities can help you provide these patients with the highest quality care. In this glossary, you will find some of the terms most relevant to the health care of LGBT people. When reading this glossary, here are a few things to keep in mind: 1) Definitions vary across communities; not all of your LGBT patients will agree with all of these definitions, so please defer to the terms your patients use to describe themselves; 2) There are many terms not included on this list; we tried to keep the list as concise and relevant to health care providers as possible; 3) Terms and definitions change frequently; we will try to update this list to keep up with changing language. If you have a suggestion, please email us at lgbthealtheducation@fenwayhealth.org.

Agender (adj.) – Describes a person who identifies as having no gender.

Ally (noun) – A person who supports and stands up for the rights of LGBT people.

Aromantic (adj.) – An orientation that describes a person who experiences little or no romantic attraction to others and/or a lack of interest in forming romantic relationships.

Asexual (ad)
Asexuality i

Assigned m
child at birt

Assigned se

A Note about Acronyms

There are many acronyms that are used in the LGBT community. The National LGBT Education Center uses LGBT: Lesbian, Gay, Bisexual, Transgender. When discussing adolescents or youth we use LGBTQ: Lesbian, Gay, Bisexual, Transgender, Queer. Other acronyms may use any combination of the following: LGBTQQIAAP2S: Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, Intersex, Asexual, Ally, Pansexual, Two-Spirit. Some folks may chose to us the acronym LGBTQ+. The plus sign represents the ever-growing list of terms people use to describe their sexual orientation or gender identity. There are many different variations of the LGBTQ+ acronym, and the '+' acknowledges that it is not possible to list every term people currently use.

Sources

Definitions for this glossary were developed and reviewed by the National LGBT Health Education Center and other experts in the field of LGBT health, as well as adapted from glossaries published by the Safe Zone Project and the UCLA LGBT Resource Center.

Outdated Terms to Avoid

The following terms may have been used in the past, but are now considered outdated and sometimes offensive. We recommend replacing these words with the suggested terms provided.

| | |
|------------------------------------|---|
| Berdache | See two-spirit . |
| Hermaphrodite | See intersex/disorders of sex development . |
| Homosexual | See gay or lesbian . |
| Sexual preference | See sexual orientation . |
| Transgendered/A transgender/Tranny | See transgender . |
| Sex change | See gender affirmation surgery . |

Resources



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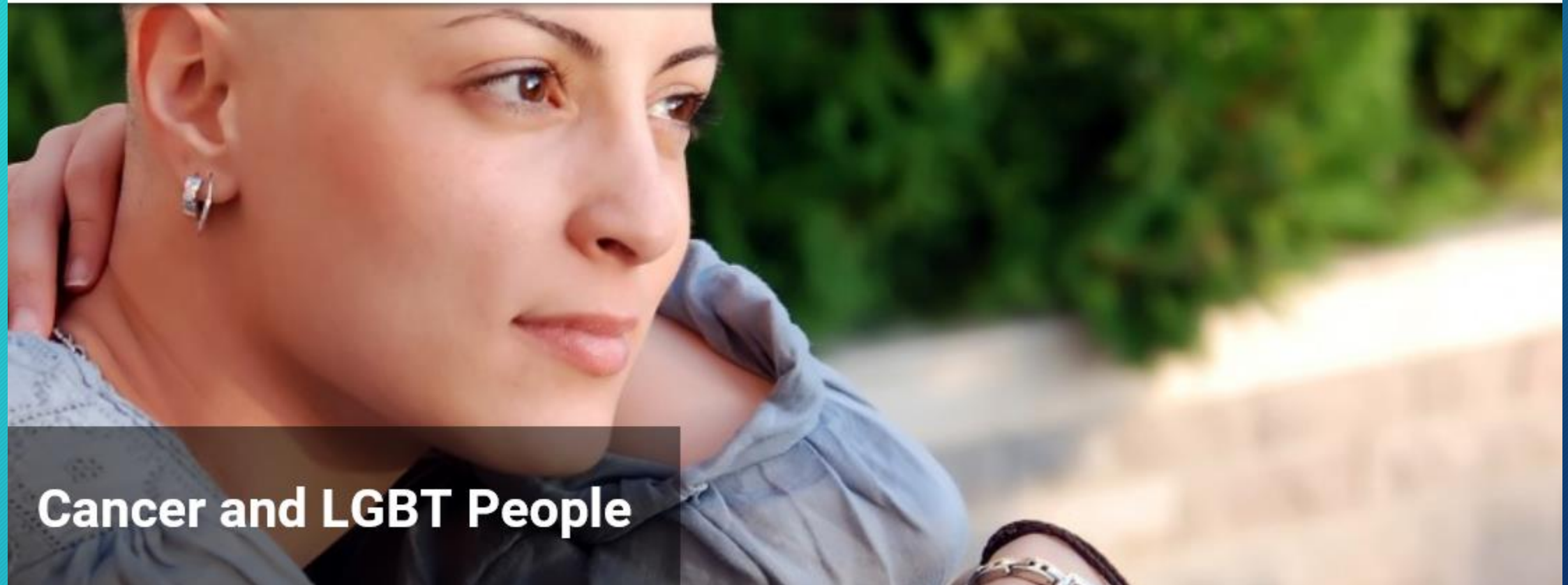
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<https://lgbtcancer.org/>

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LGBT HealthLink

@LGBTHealthlink

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LGBT HealthLink, a program of CenterLink, is a community-driven network of experts and professionals enhancing LGBT health by reducing tobacco-, cancer-, and other health-disparities within our communities. We are one of eight CDC-funded cancer and tobacco disparity networks. We link people and information to promote adoption of best practices in health departments and community organization to reduce LGBT cancer and tobacco disparities. We advance these issues by linking people and information to educate on best practices. We maintain a virtual forum of LGBT tobacco and wellness professionals, encouraging them to share lessons and jointly monitor gaps in the arena. We gather and maintain a promising practice clearinghouse through our website. We directly train state health departments or other decision makers in LGBT cultural competency and forge bridges between them and local LGBT health specialists. We actively monitor national and state health decision makers and urge community action when there is an opportunity to enhance LGBT wellness.



PROUD PROGRAM OF CENTERLINK
THE COMMUNITY OF LGBT CENTERS





Cancer in LGBT Communities

Lesbian, gay, bisexual, and transgender (LGBT) people are at an elevated risk for many types of cancer

- ✓ **Lung cancer:**
32.8% of LGBT adults smoke, a rate that is 68% higher than other adults,⁽¹⁾ meaning LGBT adults likely have higher rates of smoking-related cancers, including lung cancer.
- ✓ **Anal cancer:**
Men who have sex with men (MSM) and who are living with HIV have 30 times the anal cancer incidence of the U.S. male population as a whole. Even MSM who are not living with HIV have 3.4 times the incidence compared to the overall rate for U.S. men.^(2,3)
- ✓ **Breast cancer:**
Lesbian women have higher risk factors for breast cancer including higher rates of nulliparity (never having given birth), alcohol and tobacco use, and obesity.⁽⁴⁾
- ✓ **Skin cancer:**
Sexual minority men have 60% higher odds of having skin cancer,⁽⁵⁾ possibly as a result of tanning indoors and outside as a way to cope with negative body images.⁽⁶⁾

Cancer prevention is hindered because despite having higher risk factors for cancer, LGBT people are less likely to access care and utilize preventive services

- ✓ Lesbian women initiate the HPV vaccine at less than 1/3 the rate of heterosexual women.⁽⁷⁾
- ✓ Despite having higher rates of anal HPV and resulting cancers, gay and bisexual men are no more likely to be vaccinated than are heterosexual men.⁽⁸⁾
- ✓ LGBT people are half as likely to plan on using a quitline when they try to cease smoking.⁽⁹⁾ 28% of transgender individuals have put off getting care due to fear of discrimination.⁽⁸⁾
- ✓ You Can: Create a warm and welcoming environment for LGBT patients to encourage use of care and educate patients on risks so that they utilize appropriate preventive services.

Cancer detection and diagnosis is only effective if patients (and providers) know what they should be screening for based on elevated risks in the LGBT community

- ✓ 65% of gynecologists are uncomfortable screening transgender patients.⁽¹⁰⁾ Transgender men are 11 times more likely than women to have an unsatisfactory pap test.⁽¹¹⁾
- ✓ Although 86% of MSM are interested in having an anal pap test once it is offered, only 10% who are HIV-negative have had one,⁽¹²⁾ and 77% don't know the anal pap test exists.⁽¹³⁾
- ✓ Bisexual women were only 55% as likely as heterosexual women to meet mammography guidelines, and transgender individuals were less than half as likely.⁽¹⁴⁾
- ✓ Lesbian and bisexual women and transgender men were 50% more likely to get routine cervical cancer screenings if they felt welcome or were out to their provider.⁽¹⁵⁾

Cancer treatment and survivorship are impacted by the discrimination and stress that LGBT patients may experience within and outside of the healthcare system

- ✓ LGB survivors are 60% less likely than others to self-report good health.⁽¹⁶⁾
- ✓ LGB cancer survivors are twice as likely to smoke than are heterosexuals.⁽¹⁷⁾
- ✓ Solution: Treat LGBT patients and their families with respect throughout the process, and ensure that patients are comfortable getting the support they need during treatment and survivorship, such as access to LGBT-welcoming support groups and therapy.
- ✓ You can learn more about LGBT Cancer Survivorship at: www.lgbthealthlink.org/CancerSurvivorship

References for this document can be found at:
<http://hlthink.lgbt/fact-sheets>

LGBT HealthLink, a program of CenterLink, is a community-driven network of experts and professionals enhancing LGBT health by reducing tobacco-, cancer-, and other health-disparities within our communities. We are one of eight CDC-funded cancer & tobacco disparity networks. We link people & information to promote adoption of best practices in health departments & community organization to reduce LGBT cancer & tobacco disparities.

lgbthealthlink.org | HealthLink@lgbtcenters.org | 954-765-6024



LGBTQ and Cancer

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